



Delegate Request Form For Accessibility Assistance

Delegates attending the 2016 CUPE BC Division Convention who require assistance when the convention is in session are required to complete this form. Please ensure all your delegates receive a copy of this information.

CUPE will endeavour to make appropriate arrangements for all requests received **no later than March 13, 2016.**

(Please print)

Name: _____

Local: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Home: _____ Work: _____

Cell: _____ Email: (Non Employer) _____

Which of the following applies to you?

Wheelchair user:

Motorized

Manual

Your personal care attendant will accompany you to the conference.
Please provide the name and contact number of your attendant:

Name: _____

Telephone number: _____

Do you require sign language interpretation?

Real-time captioning

Other (specify): _____

Do you require assistance in the event of an emergency?

If so, please provide details: _____

Please provide details on services you require that have not been covered.

Please keep in mind that CUPE BC will provide services at the convention site where possible only. Outside activities are the responsibility of the delegate.

Other comments:

Please fax this form to CUPE BC at 604-291-9043 or e-mail info@cupe.bc.ca **no later than March 13, 2016.**